

When in need of our services, please dial our toll-free number at **1-800-233-8998**. Our Communication Specialists are available **24 hours a day, 7 days a week** to answer your questions and assist with coordinating the most appropriate mode of patient transport.

Boston MedFlight's goal is to extend the tertiary care services of the major Boston hospitals to the citizens of Massachusetts and New England. Boston MedFlight provides rotor wing (aviation services provided by Era Helicopter LLC), fixed wing (aviation services provided by Jet Logistics), and ground critical care transportation. Our diversity allows us to broaden our service area and match the needs of the patient and sending providers with the best transport option.

Scene requests originate from first responders and emergency personnel. Patients are transported to the appropriate trauma centers, according to the [Commonwealth of Massachusetts Statewide Trauma Field Triage Criteria and Point of Entry Plan for Adult and Pediatric Patients](#).

Interfacility requests commonly originate from the sending facility, but may also originate from the accepting facility when hospital to hospital contact has already been established. Patients transferred from one facility to another may travel by helicopter, ground critical care, or fixed wing jet.

Questions you may be asked during the call, not necessary to have all questions answered:

#### SCENE CALLS

Information needed from you:

- Identify the Town & State Calling
- Location of Landing Zone including pre-designated Landing Zone number, name and town
- Any obstacles or hazards in vicinity of Landing Zone
- Type of patient: child or adult
- Number of patients
- Mechanism of injury, injuries or illness description if available
- Prolonged extrication

#### INTERFACILITY TRANSPORTS

Information needed from you:

- Name of Sending Facility including location - ED, CCU, ICU, etc
- Phone number of sending unit and contact person
- Age and approximate weight of patient
- Nature of illness
- Special equipment needed
- Current medication infusions
- Relevant vital signs (if available)
- Name of receiving institution including destination - PICU, MICU, ED
- Name of accepting physician
- Patient Name